Name in Full	Ele	muel	Baker		CERTIFICATE	OF DEATH
	Died at Snow 1	ties	war co	ster	MARYL	AND
>	Date Month of death 190 3	Day 5	Age 84	Moi	nths	Days 3414
ANSWERED BY	sex mals	Color or Race	hite	Birth- place	_	
	Occupation		Where Residing if not at place of death			
ANS	Married, Single or Widowed	Name of Wile or Husband				
TO BE	Father's Name			Father's Birthplace	70%	
	Mother's Maiden Name			Mother's Birthplace		
	Name of person giving 8	cens bur	7 Ishite	How related to deceased		
		CAUSE	ES OF DEATH			4411
	Primary Old a	20		How long		
ICIAN	Immediate De Vili	4		How long		
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly given above?	V	Signature of 2000	Suca Suca	2 arns	80
P O RO	1		Address	Snew	still	>
2	Accident or Suicide?				m	4
					BRARY BUREAU A	

Fran looky Duly 29:1904 lo.P. Jums 24.0,

Name	19r 0					
Full	1. Heurge	W. 1.	Jishop		CERTIFICA	ATE OF DEATH
	Died at Snow Hell	3	Beshop Wrecester	Co,		RYLAND
> B	Date Month of death 1903	Dey Co	Age 7 G	Mo 8	nths	Days 6
BE ANSWERED VEAREST FRIEND	Sex male	Color or A	hite	Birth- place	ma	d
	Retired Phy for	Com	Where Residing if not at place of death			
	or Widowed Name of Wife or Pepperals			Eller	Ron	lay
	Father's John Bishop			Father's Birthplace		md
o L	Mother's Walden Name Wolly	Bishop Mother's Birthplace			md	
	Name of person giving W. Inv. J. Bishop			How related to deceased Sow		
	V	CAUSE	S OF DEATH			
	Acut dilatal	in og h	east	How long		
CIAN	Immediate Synaspo	0		How long	in h	imales
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
H. B.			Address Lyn L	o. P.	vus	
A	Accident or Suicide?		Sno	w stil	u s	Ld
				1	SRUE YRANGI	AU A08816

True loopy"
lo. C. Jones M.D.
July 25- 1904

in C	Pami Thos. 6		CERTIFICAT	E OF DEATH			
	Died athear Occorn	of City	word	star	MARYLAND		
>	Date of death 190 3 3	Day 20	Age 4/	Mo	onths	Days	
D BY	sex malo	Color or Race	hita	Birth- place	7	nd	
ANSWERED	Occupation		Where Residing if not at place of death				
	Married, Sweets or Wisdower	Name of Wife or Husband					
TO BE	Father's Name			Father's Birthplace		_	
Ď _	Mother's Maiden Name Bets	y Ken	J	Mother's Birthplace			
	Name of person giving In formation			How related to deceased			
		CAUSE	S OF DEATH				
	Pringary La gripped (8	ronahil	1-	How long	15 de	MA	
CIAN	Immediate Eich aus I	in		How long			
PHYSICIAN R CORONE	Are the name, age, sex, color. date and place correctly given above?	2	Signature of Sac	ml. D.	D. 2 nimo		
P 8			Address	veom	cors c	4	
1	Accident or Suicide?			•	1	mas	
100					LIBRARY BUREAU	, ~~~~	

2rus Cory Ing 29° 1904 lo. P. Jones 240,

Name in Full	John Ja	enry	Bu	er ba	2	CERTIFICA	TE OF DEATH
	Died at Snow Jule	0	22	County	ar	MAR	YLAND
>	Date Month of death 1903	Day	Age	Years 8	Мо	nths	Days
ED BY	Sex Mab	Color or Race	hete		Birth- place		mo
ANSWERED	Decupation		Where Re	death			
	Married, Single or Widowal	Name of Wife or Husband					
NEA	Father's John	Burba	50		Father's Birthplace	22	20
٠ ٢	Mother's Maiden Name	_			Mother's Birthplace		mes
	Name of person giving 1	J. Itel	2200		How related to deceased		ono
		CAUSE	SOF DEAT	гн			
	Primary Pneumo	nia			How long	4 d	cup
RONER	Immediate Oldern	w 2 L	un		How long	1 0	cup
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	yes :	Signature of Physician	25	19, 52	rang	hw
Ø 0			Addr	527	row	24:12	3
8	Accident or Suicide?						nos
						LIBRARY BUREA	A VERBIA

True Copy July 29 1904 Lo. C. Jones 240,

Name in Full	Charleste	postero		CE	RTIFICATE OF DEATH
	Died at Rocomok	a city	Wire	ster	MARYLAND
>	Date Month of death 1903	Day 15	Age	Months	Days
ED B	Sex Mals	Color or Co	lond	Birth- place	ma
VER	Occupation		Where Residing if not at place of death		
	Manned, Single or Wildows	Name of Wile or Husband		-	
NEA	Father's Charles	loste	èw	Father's Birthplace	meo
° -	Mother's Maiden Name Bess	is Ro	ach	Mother's Birthplace	mo
	Name of person giving In formation			How related to deceased	
		CAUS	ES OF DEATH		
	Primary Pranatur 6	into		How long	_
NER	Immediate			How long	
PHYSICIAN R CORONE	Are the name,age,sex,color,date and place correctly given above?	Tro	Signature of Physician	2 rin	<b></b>
PH		8	Address Pu	2 rin	Cly-
8	Accident or Suicide?				me
			except	LIBRA	MY BUREAU ASSSIS

Drue losty Ang 25° 1904 Co. P. Jones M. D

Name in Full	Colinton &	too Davi		CERTIFICATE OF DEATH		
	Died at Stocktow		Voerces	Lis	MARYLAND	
>	Date Month of death 1903	Day 6	Age	Mont		
Answered by Rest Friend	Sex Mal	Color or Th	1 Li	Birth- place	ma	
	Occupation		Where Residing if not at place of death			
	Married, Single Name of Wile or Husband Husband					
M A	Father's Thomas 6.	Davis		Father's Birthplace	mod	
10	Mother's Maiden Name Trinn	is & Sc	ott	Mother's Birthplace	ma	
	Name of person giving In formation			How related to deceased		
		CAUSI	ES OF DEATH		111	
	Primary Manhan	ons lor	oup	How long	24 hons	
CIAN	Immediate Asphysia		,	How long		
PHYSICIAN	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	19. Did	Zer Son	
			Address	D. Dickelin		
8	Accident or Suicide?	/			md	
				L11	BIESSA UNERU YRAN	

Zruo loopy lo, P. Jeno MD hly 25-1904

Name in Full	Ludovie		CERTIFICATE OF DEATH		
1011	Died at Barlin		County	ter	MARYLAND
>-	Date Month of death 1903	Day 1 Co	Age Co 2	Moi	nths Days
END	Sex malo	Color or No	hili	Birth- place	me
ANSWERED	Occupation		Where Residing if not at place of death		
	Married, Sarghe or Wishamed	Name of Wife or Husband			
BEA	Father's loharla	, Dan	Davis Father's Birthplace Md		
To	Mother's Maiden Name			Mother's Birthplace	ma
	Name of person giving S & al	ney L	Davis	How related to deceased	
		CAUSE	S OF DEATH		
	Primary	Diseas	->	Howlong	
IAN	Immediate Irusu	Diale		How long	
PHYSICIAN OR CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Ano	w. P.	15
			Address	130	rlin
0	Accident or Suicide?				Ind
				L	SISSEA UABRUE YRANSI.

Ir we Copy Inf 29° 1904 Lo, P. Jones 240,

Name	Edn		CEPTIFICAT	E OF DEATH			
Full	Died at Snew JX	ils	nur ce	(ar		LAND	
>	Date Month of death 190 3	Day 20	Age 7 4	Me	onths	Days 15	
ED BY	sex maly	Color or 2	hilo	Birth- place	2	nd	
TO BE ANSWERED NEAREST FRIEN	Brish ma	son	Where Residing If not at place of death				
	Movided, Single Name of Wife or Husband						
				Father's Birthplace			
	Mother's Maiden Name	-		Mother's Birthplace			
	Name of person giving H						
		CAUSE	S OF DEATH				
	Primary Commen	mption	シ	How long	3 Qu	ans	
CIAN	Immediate It and I	cilur	J	How long	_		
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Page	me J	mo		
G C			Address S2	Lew It	ice 7	não	
9	Accident or Suicide?						
					LIBRARY BUREAS		

Low loopy July 29° 1904 Lo. C. James 240,

Name in Full	Edware		CERTIFICATE OF DEATH		
	Edware Died at Tay Porvil	ls	grance	stor	MARYLAND
ВУ	Date of death 1903 3	Day 20	Age Years	Mont	,
FRIEND	Sex In alu	Color or Race	liste	Birth- place	md
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed	Name of Wife or Husband			
NEA NEA	Father's Harry A	Dukes		Father's Birthplace	mis
٠ 1	Mother's Maiden Name Larin	Nukes  Father's Birthplace  Mother's Birthplace			mes.
		Fohor			
		CAUSE	S OF DEATH		1
	Primary Bronaho-	Grum	como	How long	8 days
CIAN	Immediate			How long	^
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	. W. Di	rick sow
U 0 K	0		Address	Barli	د
	Accident or Suicide?				mo
				LII	BRARY SUREAU ASSSIS

Drue loopy July 29° 1904 lo. P. Jones 24. O.

Name	Frank Leve	dans		- 100	CERTIFICATE OF DE	ATH
Full	Died Avar Bisho		20 County	V	MARYLAND	
>	Date of death 1903 3	Day 2	Age /4	Mon	ths Days	-
S QN	sex malo	Color or 2	hete	Birth- place	ma	C
VERED	Occupation		Where Residing If not at place of death			
ANSWERED REST FRIEN	Merried, Single or Window and	Name of Wife or Husband				
N EA	Father's John Loc	yrey		Father's Birthplace	m	w
6	Mother's Maiden Name Maria		~>	Mother's Birthplace		57
	Name of person giving In formation			How related to deceased		
		CAUSE	S OF DEATH			
	Primary Try phoid &	Rover		How long	6 wiks	1
CIAN	Immediate			How long		
PHYSICIAN R CORONE	Are the name,age,sex,color.date and place correctly given above?		Signature of R. 5	Ploole	ins	
PHO ORO				Burhos		
X	Accident or Suicide?			,	Tool	
No. of the last of				L.I	BRARY BUREAU ABSSIG	

True Cory July E5 1904 Co. C. Jams

Name in Full	no namo					TE OF DEATH
Full	Died at Dynepa.		word	ty		YLAND
ED BY	Date Month of death 190 3	D2y 3-7	Age Years	M	onths	Days / Co
	Sex	Color or A	hili	Birth- place		
ANSWERED	Оссиратіон		Where Residing if not at place of death			
	Married, Single or Wisewald	Name of Wife or Husband				
TO BE	Father's Isham	Gray		Father's Birthplace	7	na
	Mother's Maiden Name			Mother's Birthplace		-
	Name of person giving In formation		•	How relate to decease		_
		CAUSE	S OF DEATH	]		
	Primary Mal-for	native of	Hearh	How long	2 100	Nes
RONER	Immediate .(			How long		
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Av	ro. W.	Pia	1
OR O			Address	6	Berli	w
8	Accident or Suicide?				m	sli
					LIBRARY BUREA	U A88816

True bopy July 29' 1904 le. P. Junes 140

Name in Full	Richard		CERTIFICA	TE OF DEATH		
Pun	Died of Mar Wes		mono County	ester		YLAND
>	Date of death 190 3 3	Pay Age 72		M	onths	Days
ED BY	Sex Malo	Color or Ca	loud	Birth- place		ned
ANSWERED REST FRIEN	Parmer .		Where Residing if not at place of death	_		
	Married, Single Name of Wile or Husband					
NEA	Father's Name Northan				6	mo
	Mother's Maiden Name			Mother's Birthplace		
	Name of person giving In formation	hrain	- Brillings	How related		
		CAUS	ES OF DEATH			
	Primary Dropsy	7	-	How long	2 13/	and
CIAN	Immediate			How long	,	
PHYSICIAN R CORONE	Are the name, age, sex, color. date and place correctly given above?		Signature of Reported & J. E. Wiss			is Its
F O C			Address	13 en	tu	
1	Accident or Suicide?				n	rd
W					LIBRARY SURE	U A88816

France learny July E9" 1904 le. P. Jones 240,

Name in Full	Lary 170	Mico			CERTIFICATE OF DEATH			
ВУ	Died at Bishopville		Worester		MARYLAND			
	Date of death 1903	Day 20	Years Age	Ma	nths Days			
	Sex mah	Golor er Cu	lono	Birth- place	mo			
WER	Occupation	Where Residing if not at place of death						
TO BE ANSWERED NEAREST FRIEN	Married, Single or Widowed	Name of Wife or Husband						
	Father's Lary 2+ attice			Father's Birthplace	me.			
	Mother's Maiden Name Emmes Jenes			Mother's Birthplace	mo			
	Name of person giving Law Su Coroppur			How related to deceased				
	CAUSES OF DEATH							
	Primary Bramate	w Bir	No	How long				
PHYSICIAN OR CORONER	Immediate			How long				
	Are the name, age, sex, color. date and place correctly given above?				oollins			
			Address Bi	shop	volle			
A	Accident or Suicide?				ned			
	La contraction of the contractio				DISCOR URBRUM YRANGIL			

True leopy July 29° 1904 le. C. Jones Sto,

Name in Full	Richa	C	ERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Drows 14'10		weres ter		MARYLAND		
	Date Month of death 190 3	Day 27	Age (	Month	s Days		
	Sex male	Color or Race	Lili-	Birth- place	new		
	Oscupation		Where Residing if not at place of death				
	Married, Single or Widowed	Name of Wife or Husband					
	Father's Richar	Father's Birthplece	ma				
	Mother's Maiden Name a Book Oxervand			Mother's. Birthplace			
	Name of person giving In formation			How related to deceased			
CAUSES OF DEATH							
	Primary Premis	ris a		How long	2)		
CIAN	Immediate			How long			
PHYSICIAN OR CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	WSTra	meho		
		8	Address	Duon.	1 sill		
X	Accident or Suicide?				no		
	15.70		111111111111111111111111111111111111111	LIBI	ARY SUREAU ASSSTS		

Fru Copy July 29° 1904 Lo, P. Junes 140,

Name	Mary							
Full	Hooky Horsey				CERTIFICATE OF DEATH			
<b>&gt;</b>	Died at Porcomotos City		Burcuster		MARYLAND			
	Date Month of death 1903	t ay	Age	Mo	onths	Days		
m 0	Sex Fernolo	Color or Qu	lond	Birth- place	2	-4		
ANSWERED	Occupation		Where Residing if not at place of death					
TO BE ANSW	Married, Single of Wildows	Name of Wife or Husband						
	Father's Levin Hersey			Father's Birthplace	2	nd		
	Mother's Mot			Mother's Birthplace				
	Name of person giving In formation			How relate to decease				
CAUSES OF DEATH								
	Primary Concustions	Faver		How long	Jew h	ans		
PHYSICIAN OR CORONER	Immediate Paraly as			How long	_			
	Are the name, age, sex, color. date and place correctly given above?	ges	Signature of Physician	n. mi	llis			
	<b>Q</b>		Address	ocom	llis Mrs Ce	5		
	Accident or Suicide?					me		
11. 17.					LIBRARY BUREAU	AEEB16		

True loopy Jely 25- 1904 Lo, C. Jones Mo

Name in Full	ho nar		CERTIFICATE OF DEATH			
ΒΥ	Died at Barlin	heresto		MARYLAND		
	Date Month of death 190 3	Day 17	Age Years	Mic	onths Days	
	Sex Male	Color or Co	lord	Birth- place	ma	
ANSWERED	Occupation Where Residing if not at place of death					
TO BE ANSV	Married, Single or Widowed					
	Father's Frank It wason			Father's Birthplace	mo	
	Mother's Marden Name			Mother's Birthplace		
	Name of person giving In formation			How related to deceased		
		Causi	ES OF DEATH			
	Primary			How long		
PHYSICIAN PR CORONER	Immediate			How long		
	Are the name, age, sex, color, date and place correctly given above?	Signature of Report by lo. J. Evans, Address AND File.				
		Address A DVD			AL.	
1	Accident or Suicide?			Barlin md		
U		areans to the			LIBRARY BUREAU ASSSIG	

Trus Cory July 292 1904 Ca. P. Jones 140,

Name	7							
Full	pro		CERTIFICATE OF DEATH					
D BY	Died an Mear Fivo		works to		MARYLAND			
	Date Month of death 190 %	Day 2- C	Years Age	Mod	nths Days			
	Sex male	Color or 7	ht-	Birth- place	mo			
ANSWERED	Oscupation		Where Residing if not at place of death					
TO BE ANSW	Marcied, Single Name of Wife or Husband							
	Father's George W. Livingelin				ma			
	Mother's Mary & Shootley			Mother's Birthplace				
	Name of person giving In formation			How related to deceased				
CAUSES OF DEATH								
	Primary Prouv	noni	ãO	How long	1 was			
PHYSICIAN OR CORONER	Immediate			How long				
	Are the name, age, sex, color, date and place correctly given above?  Signature of Physician Physician			to by	Thomas			
	Address 14:			italo				
8	Accident or Suicide?			tiobury mod				
					IBRARY SUREAU ADSS16			

Frans Copy July 29. 1904 las Jones 120

Name in Full	James Payton					CERTIFICATE OF DEATH	
	Died at Alms house		Wercester		MARYLAND		
	Date Month of death 1903	Day 4	Age 85	Мо	nths	Days	
ED BY	Sex Malo	Color or Race	hili	Birth- place	7	nd	
TO BE ANSWERED NEAREST FRIEN	Occupation Where Residing if not at place of death						
	Married, Single or Widowed						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving In J. J. Larry 7. 19				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Proumo	nie		How long	2 h	My	
	Immediate			How long	-		
	Are the name, age, sex, color, date and place correctly given above?	900	Signature of Physician	are	for	9	
		0	Address	now	still		
H	Accident or Suicide?				27	rd	
0					LIBRARY BUREAU	J A88819	

France leggy Inly 292 1904 Le. P. Jones 240.

Name In Full	Sallio	E. Por	vell		CERTIFICATE OF DEATH		
	Died at Snow Jx	ilo	vor cister		MARYLAND		
	Date Month of death 190 3	Day 20	Age ST	Mon	Days 1-9		
ED BY	Sex Fernals	Color or A	hite	Birth- place	rh		
ANSWERED	James Vy	<u>م</u>	Where Residing if not at place of death				
E A	Married, Single or Widowed						
				Father's Birthplace			
10				Mother's Birthplace			
	Name of person giving gadok formello			How related to deceased			
		CAUSE	S OF DEATH				
	Primary Lear oin-	omas 4	Liven	How long			
CIAN	Immediate	(		How long	_		
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	19.21	'renels		
PH OR			Addanan	row Is	0		
2	Accident or Suicide?						
				LI	BRARY BUREAU ASSSIS		

True Copy July 29° 1904 6. P. James Sto.

Name in Full	Eloi	a Pu	wnett	0	CERTIFICAT	E OF DEATH
	Died at Snow Is	ico		cestis	MARY	LAND
	Date Month of death 190 3	Day / 7	Age / &	Mo	onths	Days
END BY	Sex malitational	Color or Race	hile	Birth- place	n	rd
TO BE ANSWERED NEAREST FRIEN	Occupation		Where Residing if no at place of death	ot		
	Married, Single of Widowed	Name of Wile or Husband				
	Father's Oscar	m. r	Purnal	Father's Birthplace		md
	Mother's Maiden Name	ma J	Purne	Mother's Birthplace		ma
	Name of person giving In formation	car m	v Purne	A How relate to decease		ther
		CAUSE	S OF DEATH	7		
	Primary Anhera	h'erlis	+ Perilon	Howlong	3-0	Lange
CIAN	Immediate Rapid +	in flar	maha	How long	8 h	one
PHYSICIAN R CORONER	Are the name,age,sex,color.date and place correctly given above?		Signature of Physician	Oarl	Jon	es
H &			Address D	now I	x'll	
1	Accident or Suicide?				m	do
-					LIBRARY BUREAU	A40010

Drun bopy July 29: 1904 le. P. Jerus 240,

Name in Full	Mary G.	Purn	ND			CERTIFICA	TE OF DEATH
ED BY	Died at a Care	cily"	n	County	let		YLAND
	Date Month of death 1903	Day 15	Age	Years 60	Mo	onths	Days
	Sex Germals	Color or Race	lun.	0	Birth- place	2	neo
ANSWERED REST FRIEN	Donsto		Where R	esiding if not if death			
TO BE ANSV	Married, Single or Widowed	e Name of Wife or Husband					
	Father's Name				Father's Birthplace		
	Mother's Maiden Name			Mother's Birthplace			
	Name of person giving In formation				How related to deceased		
		CAUSE	SOFDEA	тн			
	Primary Angina	Peato	ris		How long	1/27	Lour
NEN	Immediate				How long		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	1 1.	Bass	ut	1
T B			Add	ress OCC	are (	Ela-	
0	Accident or Suicide?			1		1 1	ned
						LIBRARY BUREA	U A22212

Irva loopy July 29° 1904 lo. P. Jones 140,

in Full	Thomas J. 6	ussy			CERTIFICATE OF DEATH
	Died si Wer Cos Cor		County	1	MARYLAND
>	Date Month of death 1903	Dzy 2 1	Age S	Mo	onths Days
ED BY	Sex Male	Color or 2	hili	Birth- place	md
ANSWERED REST FRIEN	Parmen		Where Residing if not at place of death		
	Married, Single or Widowel	Name of Wife or Husband	-		
E E	Father's Name			Father's Birthplace	mod
10	Mother's Maiden Name			Mother's Birthplace	ma
	Name of person giving In formation			How related to deceased	
		CAUS	ES OF DEATH		
	Primary Brights'	Dissas	)	How long	6. wests
NAN	Immediate Gen! Echans			How long	
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly given above?	Tio	Signature of Physician	1. m	elis
F 0			Address	Roar	make Culy
	Accident or Suicide?				me
7-1					LIBRARY BUREAU ASSSIG

Totus loopy July 25- 1904 Lo. P. Juns mo

Name in Full	6 Frances	Ric	hardson		CERTIFICA	TE OF DEATH	
	Died at Pocomake	city	worces	er .	MARYLAND		
>	Date Month of death 190 3	Cay 7	Age 17	Mo	onths	Days	
ED BY	Sex Framels	Color or wh	iti	Birth- place		ma	
FRI	Occupation /tonsering	٥	Where Residing if not at place of death				
ANSV	Married, Single or Widowed	Nance of Wile or Husband	George E.	Rich	ardan	S	
TO BE	Father's Glorgo & Richardson -			Father's Birthplace		mo	
	Mother's Maiden Name Mester Pilchard			Mother's Birthplace			
	Name of person giving In formation			How related to deceased			
		CAUSE	S OF DEATH				
	Primary Apople sy		•	How long	2 1 2	LO	
CIAN	Immediate Paraly sis			How long			
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of S. S.	2 rii	nen		
P B			Address Puc	omok	City		
y	Accident or Suicide?					mo	
					LIBRARY BUREA	U A88616	

True Copy July 292 1904 Lo. P. Jones 140,

Name	2						
Full	no na	mo			CERTIFICATE	OF DEATH	
	Died at Promoto	City	Wer cesta		MARYLA		
_	Date Month of death 190 3	Day 2-4	Age Years	Mo	nths	Days -	
ED BY	Sex Male	Color or Cu	lond	Birth- place	md		
TO BE ANSWERED NEAREST FRIEN	Oscupation		Where Residing if not at place of death				
	Marcied, Single or Widowed	Name of Wife or Husband					
	Father's Sarul,				Father's Birthplace — Md		
	Mother's Maiden Name / Aatti				Mother's Birthplace		
100	Name of person giving Same School field			How related to deceased Fallow			
		CAUSE	S OF DEATH				
	Primary			How long			
NER	Immediate no play	Accom		How long			
PHYSICIAN R CORONEI	Are the name, age, sex, color. date and place correctly given above?	Zeo !	Signature of Repor	to S.	19. 3 ch	orl frie	
PHOR			Address	Overn	D. Beh	5	
X	Accident or Suicide?				21	id	
U					IBRARY BUREAU A	88818	

Fru Copy July 29° 1904 lo. P. James HO

Name in Full	Annie	Selv			CERTIFICATE OF DEATH	
Full	Died & Mear Sner		Wer Ce.		MARYLAND	
	Date Month of death 1903	Day	Age 7S-	Mon	ths Days	
END	Sex Framala	Color or Col	ond	Birth- place	mes	
ANSWERED REST FRIEN	Occupation		Where Residing if not at place of death			
O BE ANSW	Name of Wife or Husband					
	Father's Jacob Salty			Father's Birthplace		
ř	Mother's Marden Name			Mother's Birthplace		
	Name of person giving Harrish Rucherdson			How related to deceased		
		CAUSES	OF DEATH			
	Primary bld ap			How long	for	
IAN	Immediate Lagriph	D		How long		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		gnature of Repor	E3620.	O. Williams	
Q. 80			Address 19	Snor	v Qtill	
8	Accident or Suicide?				mo	

Irus loopy July 29 \* 1904 Lo. P. Jones 140,

Name in Full	Sarah Jaylor			CERTIFICAT	E OF DEATH	
ANSWERED BY REST FRIEND	Died or hear Wesley	Truces			LAND	
	Date of death 190 3 3 8	Age Colf	Mo	nths	Days	
	Sex Fernals Color or Race Race	hit clos	Birth- place	2	nd	
	House wife	Where Residing if not at place of death				
	Married, Single Name of Wile or Husband	Jas. Jayle	~			
TO BE	Father's Name			Father's Birthplace		
	Mother's Maiden Name			Mother's Birthplace		
	Name of person giving In formation			How related to deceased		
	Cause	S OF DEATH				
	Primary Alanh Pailura		How long			
CIAN	Immediate		How long		14	
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	Signature of Response	teo L	y m	20	
PHO	9	Address has	Pete	~		
7	Accident or Suicide?			Ind		
				LIBRARY BUREAU	444516	

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in Full	Irong In	- witt	in.		CERTIFICA	TE OF DEATH
	Died at Mear Poeson	Town			MAR	YLAND
	Date Month of death 1903	Day / 4	Age /		onths ð	Days
ED BY	Sex Fiernels	Color or Loc	lend	Birth- place		md
TO BE ANSWERED NEAREST FRIEN	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wile or Husband				
	Father's John Fruit			Father's Birthplace 2000		
	Mother's Marden Name S Cellac	looller	1	Mother's Birthplace		mo
	Name of person giving In formation			How relate to decease		
		CAUSI	ES OF DEATH	7		
	Primary Whorking C	unde		How long	2 2	nuty
NER	Immediate Cercustian		al Four	How long	~	
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Soc	no. O.	2 min	~
PHO			Address Pu	como	to Cu	7
	Accident or Suicide?				2	no
					LIBRARY BUREA	U A88616

True bohy Inly 25 1904 Lo. P. Jones

Name in Full ,	Willian	w m	Vince	why	CERTIFICA	TE OF DEATH	
	Died at Snow JY	6	norc		MARYLAND		
>	Date Month of death 190 3	Bay	Age 74	Mo	Co	Days	
ERED B	Sex Inal	Color or 7	hite	Birth-	Dilla	ais .	
5 L	merchanh		Where Residing if no at place of death		•		
E A E	Married, Single Name of Wife or Husband						
	Father's Name Nashan	Father's Birthplace	1	Deb			
9	Mother's Margarch Sturst			Mother's Birthplace			
	Name of person giving m Win Couch				How related Brother		
		CAUSE	S OF DEATH				
	Primary Canl brack	down	y Vilal or	How long	1 m	~	
ONER	Immediate Islam Are the name age sex color date	foreun	duo to a	How long	-		
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	1 1	Signature of (	v. 2. S	mai	-shis	
PH			Address D	non 14	ieo:	mel	
8	Accident or Suicide?						
					LIBRARY BURE	U A88618	

Trus looping July 29,1904 6,6, James 46

CERTIFICATE OF L Wercester MARYLAND Months Days Date of death 1903 0 Color or Race Birth-ANSWERED FRIEN place Where Residing if not at place of death Married, Signala Name of Wife or Husband or William! TO BE Father's Father's Birthplace Name Mother's Mother's Celiabeth Smack Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH How long Primary 3 months How long PHYSICIAN NO Im mediate Are the name, age, sex, color, date Signature of and place correctly given above? Address Tellywills Del Accident or Suicide?

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